

MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: Monday, February 25, 2019
TIME: 1:00 – 3:00 p.m.
LOCATION: Senate Office Building, Education, Health, &
Environmental Affairs Committee Room
11 Bladen Street, Second Floor
Annapolis, Maryland 21401

AGENDA

- I. Departmental Report
- II. Urban American Indian Health and Health Services in Maryland (Kerry Hawk Lessard, MAA)
- III. Highchair dental care (Winifred Booker, D.D.S.)
- IV. Medicaid legislative update/overview (Chris Coats, Health Policy Analyst Advanced)
- V. Waiver, State Plan and Regulations Changes
- VI. Public Comments
- VII. Adjournment

Date and Location of Next Meeting:

Monday, March 25, 2019

**Senate Office Building, Education, Health, & Environmental Affairs Committee Room
11 Bladen Street, Second Floor
Annapolis, Maryland 21401**

Staff Contact: Edward J. Miller – (410) 767-0247

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Committee members are asked to contact staff if unable to attend!

MMAC Minutes
January 28, 2019

MEMBERS ATTENDING:

The Hon. Shirley Nathan-Pulliam
Adeteju Ogunrinde, M.D.
Ms. Shannon Hall
Winifred Booker, D.D.S
Rachel Dodge, M.D.
The Hon. Joseline Pena-Melnyk
Ms. Sue Phelps
Mr. Floyd Hartley
Ms. Vickie Walters
Ms. Carmel Roques
Mr. Vincent DeMarco
Ms. Donna Fortson
Mr. Michael Spurrier
The Hon. Pat Young
The Hon. Matthew Morgan

Call to Order and Approval of Minutes

Ms. Vickie Walters, Chair, called to order the meeting of the Maryland Medicaid Advisory Committee (MMAC) at 1:20 p.m. Committee members approved the minutes from the November meeting as written, with one correction. The name of a MMAC member was omitted.

Departmental Report

Dennis with the Departmental report: We have eliminated the Office of Health Services and now this Department reports to me directly. We have reorganized Pharmacy and now this team reports directly to me. Tricia Roddy is now in the Office of Medicaid Director. We are doing a national search for a Deputy Medicaid Director. The reporting unit now reports to Jennifer Mcilvaine, Director of Finance for Medicaid. The other thing we will be having is “Major Program Development Activity” around our systems, such as MIMS replacement program. The MMIS replacement program is in our budget material and over a 10 year period we will be spending in the ballpark of \$500 million, expanding capacity of LTSS, automatization of rate setting process for disability, looking across the board regarding rate setting. All in all we are looking at how to manage the “business” of Medicaid more effectively.

HealthChoice Quality Assurance Activities Report

Jill Spector, Director of HealthChoice and Acute Care Administration, discussed the HealthChoice Quality Assurance Activities Report. (*See attached Presentation*)

Questions:

Q) Dr. Ogunrinde, MMAC member, asked Ms. Spector, Are you able to do a county by county breakdown for “no-shows”? It is something that affects my practice and learning this information would help. Dr. Booker and Dr. Dodge both reiterate Dr. O’s desire for a no-show county by county breakdown and inclusion in the future.

A) Jill Spector, we ask our providers about the frequency of no-shows within specific healthcare plans. It is possible we could do a “no-payment” code report in the future.

A) Tricia Roddy, we have a sample of providers in our Primary Care Provider (PCP) survey, so these results do not include *all* providers. Moreover, within HEDIS - we cannot do a county-by-county breakdown for no-shows, but we could certainly do a breakdown by claims data in the future.

Q) Dr. Booker, MMAC member,: “Will Dental be included in the VBP measures moving forward?

A) Jill Spector: No.

Q) Dr. Booker: “Will dental be included in chronic illness on the consumer report card?

A) Jill Spector: Please see slide 13, dental is included on the consumer report card.

Statements:

Dr. Booker, “I would like to reiterate my support for coverage of dental screening for lead paint poisoning.”

Q) Dennis Schrader: “Out of curiosity, how many visits from children under two years old do you typically get? It was my understanding children did not see dentists until after age two.”

A) Dr. Booker: At least 20% of my practice (children wise) is under two years of age. The American Dental Association recommends children to see a dentist by age one. We also have a highchair-dental chair program for young toddlers to feel comfortable seeing a dentist.

The 2020 Budget

Jennifer Mcilvaine, Director of Finance for Medicaid, discussed the FY 2020 budget. (*See attached Presentation*).

Questions:

Q) Delegate Pena-Melnyk: In the expanded Diabetes Prevention Program, how will individuals who take the yearlong program, be identified by the nine MCOs, how do participants qualify, and how many MCOs are currently actively participating in DPP?

A) Tricia Roddy: Four MCOs are participating in DPP and all nine MCOs going forward in July. We are building this into their capitation rates. To qualify for the DPP Pilot, adults (18-64) must be enrolled in HealthChoice MCOs and meet CDC Diabetes Prevention Recognition Program (DPRP) criteria for eligibility which are as follows: 18 years or older; and 1) Overweight or obese (have a BMI of $\geq 25 \text{ kg/m}^2$ ($\geq 23 \text{ kg/m}^2$, if Asian) and either 2) Elevated blood glucose level OR 3) History of gestational diabetes mellitus (GDM); and neither 4) Diagnosed with type 1 or type 2 diabetes; nor 5) Currently pregnant

Q) Michael Spurrier, MMAC Member: Asking a question outside the scope of the 2020 budget, I believe regulations regarding dental hygienists access into nursing homes are too restrictive.

A) Dr. Booker: That's a long conversation and contentious.

Medicaid Legislation Update

Chris Coats, Health Policy Analyst Advanced, discussed the 2019 Maryland General Assembly session and bills that may impact Medicaid. We are getting bills put onto hearing schedules. Moreso into February and March. There has been a lot of turnover in the legislature. Crossover is March 18th. If the bills don't pass by that date, it is likely that the bill will not be passed, but it could happen. Budget bill passage must be done by Monday, April 1st. This has not been an issue the past few years. April 9th is Sine Die. Other key dates include the budget hearing for Medicaid on February 20th in the House Appropriations Committee and Feb 28th in Senate Budget and Taxation Committee. For those wondering what type of legislation we might see this year, likely more Opioid Response, Behavioral Health, anything regarding Federal changes to the Affordable Care Act, Affordability of Prescription Drugs, and telehealth.

SPA/Waiver/Regulations Reports

Mark Leeds, Director of Long Term Services and Supports, discussed the State SPA/Waiver/Regulation Reports. *(These reports were sent out with the January Agenda).*

SPA

We made minor technical changes.

Waiver

I am pleased to announce that all of our 372 reports which are quality and cost effective reports have been submitted timely and approved by CMS. Our Autism renewal waiver will expire but we will have a renewal waiver submitted by March 1, 2019.

Question:

Dr. Dodge: Could you briefly explain waivers? Mr. Leeds: 1915(c) waivers allow us to cover some services for Medicaid that would be covered if the person was in an institution. This allows us to cover more services for recipients while simultaneously avoiding institutionalization and

nursing homes. Waivers allow us to waive certain rules, such as income eligibility. We can cover up to 300% of SSI which is higher than the community income standard. Allows us to cover services not otherwise covered by the State Plan. It allows us to limit services for home community based waivers. These waivers must be “budget neutral.” For reference, the autism waiver would be a great example of one to look into.

Regulations

Quite a few in comment period, including dental services. Three chapters have cleared the comment action. We made some technical changes to our Nursing Facilities regulations for their 3% rate increases, which have really been in effect since July 1, 2018. We have an indexing methodology for revising the rate moving forward for these Chapters.

Public Comments

None.

Adjournment